



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 9/6/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of outpatient lumbar MRI without contrast.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of outpatient lumbar MRI without contrast.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

LHL009 – 8/22/12

Denial Letters – 7/20/12 & 8/15/12

Employee's Report of Injury – 8/18/11

Notices of Disputed Issue and Refusal to Pay Benefits – 10/20/11, 2/7/12

MRI L-Spine w/o Contrast Report – 8/18/11

Electrodiagnostic Testing Report – 2/9/12

SOAP Notes – 8/12/11, 8/15/11, 8/17/11, 8/22/11, 8/26/11, 8/29/11,
8/31/11, 9/2/11, 9/6/11, 9/21/11, 10/3/11, 10/5/11, 10/19/11,
10/27/11, 11/1/11, 11/3/11, 11/9/11, 12/8/11

New Patient Visit Note – 8/24/11

Radiology Report – 8/24/11
PT Initial Evaluation Reports – 9/7/11, 5/22/12
Therapy Daily Notes – 9/14/11, 9/19/11, 9/21/11, 9/23/11, 9/26/11,
9/28/11, 9/30/11, 10/3/11, 10/6/11, 10/14/11
Exercise Flow Sheet – 9/14/11-10/14/11
Therapy Progress Note – 10/6/11
Follow-up Notes – 10/7/11, 12/6/11, 1/31/12, 3/5/12, 5/14/12
Operative Note – 2/16/12
Radiographic Interpretation Note – 2/16/12
Follow-up Note & Report of Electrodiagnostic Testing – 2/9/12
RME Report – 3/1/12
Test Form – 7/17/12
Patient Profile/Injured Worker Information – 7/17/12
Medication Report – 7/17/12
Office Visit Note – 7/9/12, 7/17/12
New Patient Evaluation – 1/25/12
PT Discharge Summary – 12/21/11
Follow-up Note – 10/14/11
Pre-Authorization: Pre-cert – 8/7/12
MRI Report – 1/13/10
Office Note – 8/22/12
Records reviewed:
Office Notes – 6/3/03-2/27/12
In Office Lab Sheets – 2/17/10, 2/22/11
Exercise Test Report – 2/23/10
Lab Reports – 2/18/10, 1/27/12
Lab Report – 6/4/03
MRA of the Brain/Head w/o Intravenous Report – 3/4/10
MRI of the Head/Brain w/o & w/ Intravenous Gadolinium Report – 3/4/10
Over Reads Report – 2/17/10
Denial Letter - 8/31/11
SOAP Notes – 1/12/10, 1/19/10, 1/22/10, 1/28/10, 3/12/10, 6/16/10, 3/18/10,
3/23/10, 3/25/10, 9/13/11, 9/23/11, 9/26/11, 9/28/11
Lumbar Regional Examination Report – 1/6/10
History/Consultation Report – 1/6/10
Patient Health Questionnaire – 6/2/03

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee sustained a low back injury while working. He underwent an MRI on 8/18/12, revealing nerve root impingement and contact of nerve root by a disc protrusion, at the L4-5 and L5-S1 level respectively. On 8/25/12, there were complaints of back pain and numbness, and mild left plantar flexion and EHL weakness was noted. The injured employee's records from the Attending

Physician revealed that there were back pain complaints, as of 7/17/12. Exam findings revealed the normal reflexes and sensation and some areas of lower extremity motor weakness (left gastrocs. and gluteals 4/5). Denial letters noted the lack of apparent progressive neurological deficit since the prior MRI. A "mild...resolving" L5-S1 positive radiculopathy was noted on 2/9/12. On 1/31/12, there were noted to be signs and symptoms of cauda equina syndrome in the Attending Physician's records, which resulted in the aforementioned MRI. Significant areas of motor weakness had been documented. On 1/12/12, both dorsiflexion and plantar flexion weakness were noted. A 1/3/10 dated lumbar MRI revealed multi-level discal abnormalities. PT and ESI records were also reviewed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The claimant has had waxing and waning of subjective and objective findings of radiculopathy. However, there has not been an overall significant progression of neurologic abnormalities recently to at all warrant another lumbar MRI. Applicable ODG criteria do not support another MRI at this time, due to the lack of severity or progression of lower extremity neurological abnormalities, despite the persistence of the apparent neurological complaints. The requested service is not medically necessary.

ODG Lumbar Spine: Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patie

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY
GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR
GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW
BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &
PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**